

# TCCC Cancer Facts & Stats

## Colorectal Cancer in Tennessee

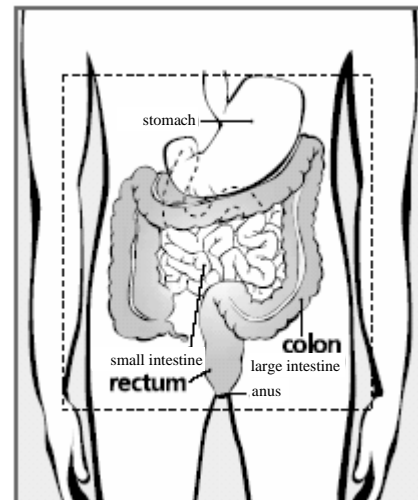


### How Common is Colorectal Cancer?

Colorectal cancer - cancer of the colon or rectum - is the second leading cause of cancer-related deaths in the US. The American Cancer Society (ACS) estimates that 56,290 Americans will die of colorectal cancer this year. Of this, 3,150 will be Tennessee residents. Colorectal cancer is also one of the most commonly diagnosed cancers in the US; approximately 145,290 cases were diagnosed in the year 2005. In Tennessee, the ACS had estimated that there would be 1,220 new cases diagnosed in 2005. Colorectal cancer is the third most common cancer in men and in women.

### Who is at Risk?

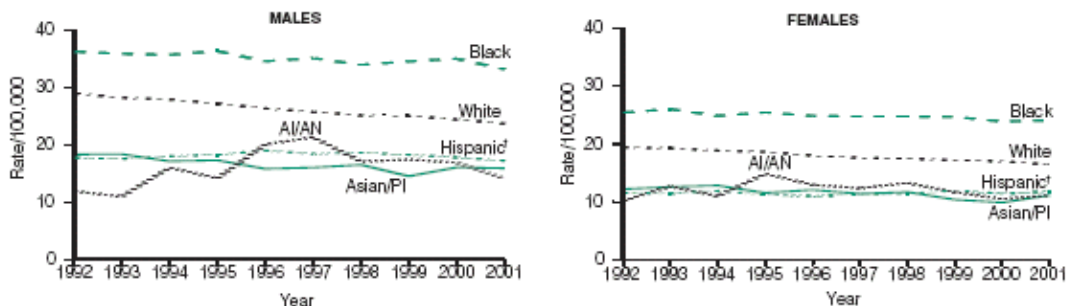
Anyone can get colorectal cancer. The lifetime risk of being diagnosed with cancer of the colon or rectum is about 5.9% for men and 5.5% for women in the US. Although 20%-25% of colorectal cancer cases occur among individuals with a family history of colorectal cancer or a predisposing illness, about 75% of cases occur in people without these risk factors. The risk of developing colorectal cancer increases with advancing age, with more than 90% of cases occurring in persons aged 50 years or older. Other risk factors include inflammatory bowel disease, a personal family history of colorectal cancer or colorectal polyps, and certain hereditary syndromes. Lifestyle factors that may contribute to increased risk of colorectal cancer include lack of regular physical activity, low fruit and vegetable intake, a low-fiber and high-fat diet, obesity, alcohol consumption, and tobacco use.



### Disparities of Colorectal Cancer:

Incidence and mortality rates are highest in African American men and women. Incidence rates among African American men and women are about 15% higher than in white men and women, while mortality rates in African - Americans are about 40% higher than in whites. Incidence rates among Asian Americans/Pacific Islanders, Hispanics/Latinos, and American Indians/Alaska Natives are lower than those among whites. Mortality rates are also lower, suggesting that differences in risk factors rather than access to screening or treatment may play an important role.

### Colorectal Cancer Death Rates\* Among Men and Women, by Race/Ethnicity, United States, 1992-2001



\* Rates are per 100,000 and are age-adjusted to the 2000 U.S. standard population.

† Hispanic and non-Hispanic are not mutually exclusive from White, Black, American Indian/Alaska Native (AI/AN), and Asian or Pacific Islander (Asian/PI).

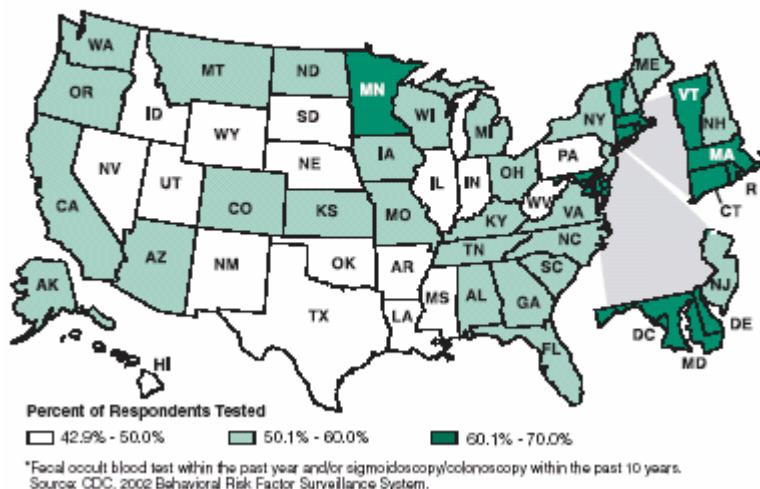
Source: National Center for Health Statistics.

Overall, colorectal cancer incidence rates have been declining in both men and women since 1998. These decreases may reflect detection and removal of precancerous polyps. They may also reflect the increased use of hormone replacement therapy in women and anti-inflammatory drugs, both of which appear to reduce the risk of colorectal cancer.

Over the past 10 years, incidence rates among males are on the decline in every racial/ethnic population except Hispanic/Latinos, with significant decreases in whites and Asian Americans/Pacific Islanders. Among females, incidence rates have stabilized in every racial/ethnic population over the same time period.

Mortality rates have steadily decreased among African Americans, whites, and Asian Americans/Pacific Islanders in both males and females.

### *Percentage of Adults Aged 50 Years or Older Who Had Colorectal Cancer Tests Within the Recommended Screening Intervals,\* by State, 2002*



### Screening Saves Lives

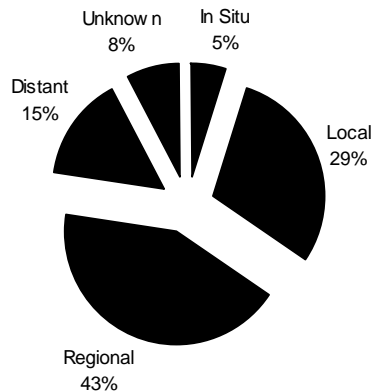
If you're 50 or older, getting a screening test for colorectal cancer could save your life. Here's how:

- Colorectal cancer usually starts from polyps in the colon or rectum. A polyp is a growth that shouldn't be there.
- Over time, some polyps can turn into cancer.
- Screening tests can find polyps, so they can be removed before they turn into cancer.
- Screening tests can also find colorectal cancer early, when the chance of being cured is good.

### Types of Screening Tests

- Fecal Occult Blood Test or Stool Test** - A test you do at home using a test kit you get from your health care provider. You put stool samples on test cards and return the cards to the doctor or a lab. This test checks for occult (hidden) blood in the stool.
- Flexible Sigmoidoscopy** - A test in which the doctor puts a short, thin, flexible, lighted tube into your rectum. The doctor checks for polyps or cancer in the rectum and lower third of the colon.
- Colonoscopy** - This test is similar to the flexible sigmoidoscopy, except the doctor uses a longer, thin, flexible, lighted tube to check for polyps or cancer in the rectum and the entire colon. During the test, the doctor can find and remove most polyps and some cancers.
- Double Contrast Barium Enema** - A test in which you are given an enema with a liquid called barium. The doctor takes x-rays of your colon. The barium allows the doctor to see the outline of your colon to check for polyps or other abnormalities.

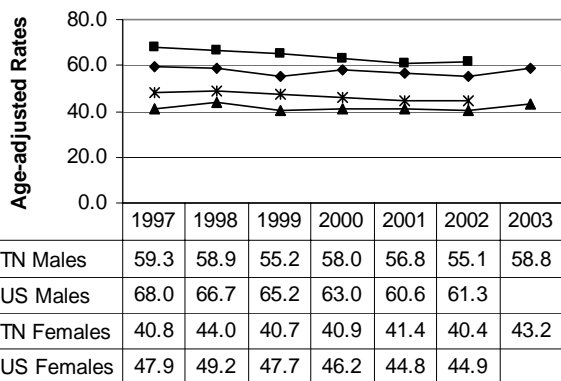
### **Cancer of the Colon & Rectum Stages of Disease at Diagnosis Tennessee Males and Females 1999-2003**



# Colorectal Cancer Stats

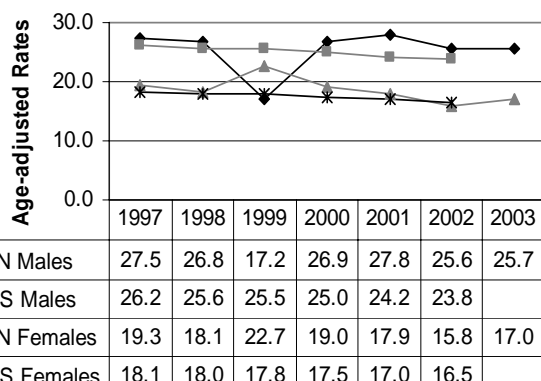
- During 1999-2003, cancer of the colon and rectum was the third most common primary cancer diagnosed in both Tennessee men and women.
- Incidence increased markedly with age. Colorectal cancer was over four times more common among those aged 65+ years compared to individuals aged 45-64.
- Among colorectal cancer cases during 1999-2003, 34% were diagnosed at an in situ or local stage. Forty-three percent (43%) were found at a regional stage and 15% at a distant stage. Stage was not reported in 8% of cases.
- Cancer of the colon and rectum was the third leading cause of cancer-related mortality among both men and women in Tennessee during 1999-2003. It accounted for about 10% of all cancer-related deaths.

**Cancer of the Colon & Rectum  
Incidence Rates\*, Age-Adjusted  
Tennessee Residents 1997 – 2003,  
U.S. Residents 1997 - 2002**



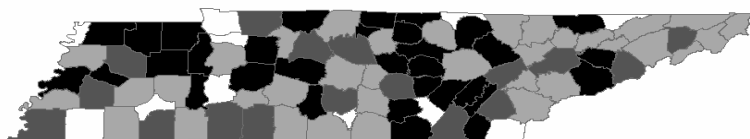
\* Rates are per 100,000 Tennessee residents and are age-adjusted to the 2000 U.S. standard population. U.S. rates are from SEER (Ries et al., 2005).

**Cancer of the Colon & Rectum  
Mortality Rates\*, Age-Adjusted  
Tennessee Residents 1997 – 2003,  
U.S. Residents 1997 - 2002**

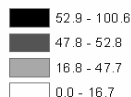


\*Rates are per 100,000 Tennessee residents and are age-adjusted to the 2000 U.S. standard population. U.S. rates are from SEER (Ries et al., 2005).

**Cancer of the Colon and Rectum Incidence Rates**  
By County, Tennessee Males & Females 1999-2003



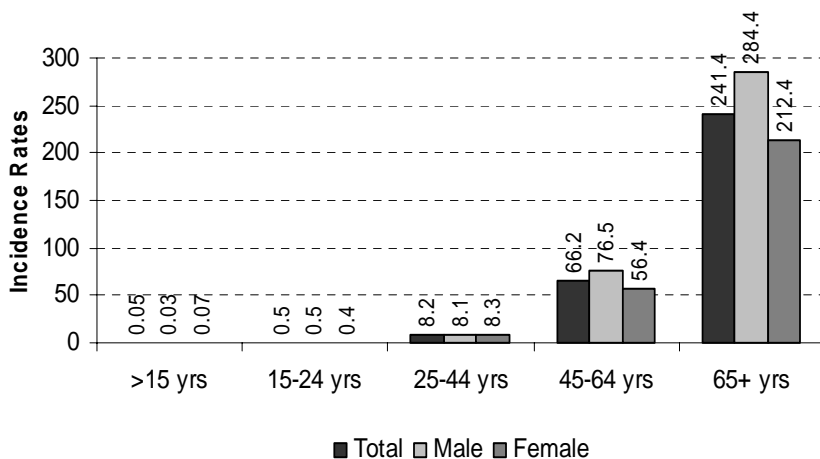
**CRC Rate**



Tennessee Rate: 47.8  
U.S. Rate: 52.9<sup>a</sup>

<sup>a</sup> Five-year average annual rate per 100,000 Tennessee males & females, age-adjusted to the 2000 U.S. standard population.  
<sup>a</sup> U.S. rate is 1998-2002 average annual age-adjusted rate and is from SEER (Ries et al., 2005).

**Cancer of the Colon & Rectum  
Incidence Rates\*, Age-Specific  
Tennessee Residents 1999 - 2003**



\* Five-year average annual rate per 100,000 Tennessee residents •

## About the TCCCC:

Tennessee Comprehensive Cancer Control Coalition (TCCCC) is a diverse group of partners and organizations from across the state who are dedicated to reducing cancer incidence, morbidity and mortality in Tennessee.

A statewide approach to cancer control is the most effective way to tackle such a monumental public health concern. No single agency or organization can meet the challenge alone.

Physicians, nurses, other health care professionals, community leaders, business leaders, researchers, and cancer advocates who share our mission are encouraged to join the TCCCC.

Funding for the TCCCC is provided by a grant from the Centers for Disease Control and Prevention (Grant Number U55/CCU 42198103).

### Visit us on the Web:

[www2.state.tn.us/health/CCCCP](http://www2.state.tn.us/health/CCCCP)

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